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(Address)

19.3

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05770
1. PLACE OF DEATH	<u> </u>
county Worcester.	Registration Dist. No. 3 5
20 O.	
Village or City N 2 Duo 17 Tree	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U. S. if of foreign birth? yrs mos ds.
2. FULL NAME Baly acknow	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 1.
OR DIVORCED (write the word)	may 27 193 2.
Time Col	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) wife or	
6. DATE OF BIRTH (month, day, end year) 5/27/ /932	I last saw h ; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 935, m
O hoj to l day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
8 Trade profession or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stell born 20
9. Industry or business in which	0040
work was dona, as SILK MILL, SAW MILL, BANK, etc	ougs recactings
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
year) occupation (month and spent in this	
12. BIRTHPLACE (city or town) N. S. More Frie	Other Contributory Causes of Importance:
I IS. NAME	la contraction of the contractio
14. BIRTHPLACE (city or town) B. (Chale or country)	Name af operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Colity of town). Since the country of the or count	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Sindle tree	Accident, suicide, or homicide? Data of Injury, 19
E (State or country)	Whera did injury occur?
17. INFORMANT Edith adkens (Address) Seeow Hell md RXX	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place loool Demoate 28 1932	Natura of Injury
mut a f	
19. UNDERTAKER	24. Was disease or Injury in any way related to occupation of deceased?

Registrar.

If so, specify

(Signad)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of anset  1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 6 193	2 July 5, 1927	Peritonitis	3 days ago
BURHAU V	. 9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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	infor-	state	TITLE
)	tem of	should	0000
	Every i	CIANS	
	RECORD.	PHYSIC	
MARGIN RESERVED FOR BINDIN	MANENT	ACTLY.	F 2
OK BIN	S A PER	tated EX	
KVED F	THIS I	uld he s	-
RESE	NG INK-	AGE sho	
IARGIN	UNFADI	upplied.	
	WITH	refully s	
	LAINLY,	uld be ca	THE APPLE
. No. 1	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	marfon should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	The state of the s
Z.	B		

	OF MARYLAND	CERTIFICATE OF DEATH	5771
1. PLACE OF DEATH		35	-,
County 40	- 41:	Registration Dist. No. 22	
Village or City	ma tell	No. St.,	number)
Length of residance in city or town w	ere death occurred	s	osds.
2. FULL NAME 15 al	by ad Rins		
(a) Residence: No.		St., Ward.	
PERSONAL AND STATE	(Usuai place of abode)	If nonresident give city or town and	State
3. SEX 4. COLOR OR RACE	STICAL PARTICULARS  5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH 4.	
Kemale Col	OR DIVORCED (write the word)	May 27 (Month) (Oay)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	decaasad from
	201 - 72/1032	, 19, to	
6. DATE OF BIRTH (month, day, and yaar) 7. AGE. Years Month	May 1/11 0 2.	I last saw h alive on	.; death Is said
7. AGE Years Month	Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	Data of onset
8. Trade, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc		Still born so says	
9; Industry or business in which		midwife /	
10. Dato daceased last worked at this occupation (month and	11. Total time (years) spent in this		
12. BIRTHPLACE (city or town) N	Description Arce.	Other Contributory Causes of importance:	
(State or country)		_	
13. NAME TELLER	Ced tems.		-
14. BIRTHPLACE (city or town)	Jaslen Md	Nama of operation Oata of	
(Otate of country)		What test confirmed diagnosis? Was there an a	autopsy?
# 15. MAIDEN NAME & di	the steven	23. If daath was due to external causas (VIOL ENCE) fill in also the following	g:
16. BIRTHPLACE (city or town)	undle Told	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	a de ma	Where did Injury occur? (Specify city or town, county and State	e)
17. INFORMANT (Addrass) Success	Hill md RXX	Specify whathar injury occurred in iNDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	· gother	Manner of injury	
Placa Service A Per	9Oate	Nature of Injury	~
19. UNOERTAKER Weer Ce	dkins	24. Was disease or Injury in any way related to occupation of dacaasad?	
(Address) N. Sv	or thee.	If so, spacify O	Pos
20. FILEO \$728 , 193 2 9	Exoy Servelly	(Signad) Lever See all	M,D.
	Kegisirar.	(Addrass) School All, M	

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 61 1099	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephr	ilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	LINKBAR SE	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND CERTIFICATE OF DEATH

SI-	1PLACE OF DEATH	STATE OF MARYLAND
EX	County Worcestes	CERTIFICATE OF DEATH
90.	County	Registration Dist. No. 352
CTLY Issifie	Village or City Burlin (No	St.: Ward) (If death occurred in
rly cla	2FULL NAME Safant Ballo	tion, give Its NAME instend of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MIDICAL CERTIFICATE OF DEATH
d be st y be pr ack of	Married.  Male Color of Race 5 - INGLE.  MARRIED.  WIDOWED.  OR DIVORCED Jingle  (Write the word)	16 DATE OF DEATH May 2.7 , 192 2
ma m p	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
CE sho	May 27, 1932 (Conch) (Day) (Year	that I last saw h are on may 27, 1923
d AC So th	7 AGE / (FLESS than	and that death occurred on the date stated above, atm.
plied ms s instr	Stee 1 day hrs. ds. or min.?	The CAUSE OF DEATH * was as follows:
sup ter tee	(a) Trade, profession or	
lly ain	particular kind of work  (b) General nature of industry	
efu n p tan	business, or establishment in which employed or (employer)	(Duration),yrs m 18 de.
Car	9 BIRTHPLACE	Contributory
EAT	(State or country) Berlin md	(Duration) yrs mosds
uld P C	FATHER AMERICAN	(Signed) M. D.
Son	M 11 BIRTHPLACE	may 19 199 2 (Address) Berlin md
AUSE	Z (State or country)	Violent Caus a, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
mat PAT	CF MOTHER Trene Ballard	18 L NGTH OF RESIDENCE (For a capitale, Institutions, Transients or Recent Residents)
stat ccu	13 CIRTHPLACE OF MOTHER (State or country) Phla	At place of death yis mos. ds. State yis mos. da
0 to	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
short ent	(Informant) Berlin Anda	Former or usual tendence
ery to	(Address) Clarg massey.	Halmantown may 18,32
m 2 3	15 Filed May 28 1932 IV Weinfield	John W Burlage Below med
2	If more banks are needed, address tate Registra	r, To W. Saratoga St., Bako., Requesting V. S. No. 1.

V. S. No. 1

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WITH UNFADING INK---THIS IS

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: sary to know (a the kind of work and also (b the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from additional line is provided for the latter statement : it nature of the business or industry, and therefore an Civil engineer. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health Statement of Occupation Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, played, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locumotive engineer, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as (b) Automobile factory. The For persons who have no occupation Stationery fireman, et . But in many Laborer-Coul mine, etc. Womperson, irrespective of (%) material ( browery; Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same are epted to time and causation, using always the same are epted ed term for the same diselse. Examples: (arebroxymut fever (the only definite synonym is "Diddenic cerebroxymus is "Diddenic cerebroxymus" is "Diddenic cerebroxymus is "Didenic cerebroxymus" is "Didenic cerebroxymus"

as fracture of skull, and consequences (e.g., selvis, totanus) may be stated under the head of "contributory" "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease ", Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., carbolic acid-probably smade. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOWICE A .. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenelature of the Whoolung American Medical Association.) Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage cough; Chronic Carcinoma, Example: Measles (disease etc. valvular heart disease; The contributory Sarcoma,, etc., of Measles; death · clc.

In this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A the data is essential and must be obtained before the cartificate is perpanently fied.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

be

of certificate.

TION is very important. See instructions on back mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

AGE should be

B.-WRIFE

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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2.0	20	1	1	- <	
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V	4				

1. PLACE OF DEATH	-	<u>(91)</u>	
County Narcyster	· · · · · · · · · · · · · · · · · · ·	Registration Dist. No. 350	
Village or City near Yacamake	ma	NoSt.,	Ward
Length of rasidence in city or town where death occurred		death occurred in a hospital or institution, give its NAME instead of street and r  ds. How long in U.S. If of foreign birth?	
$=$ 0 \ $1$ \ $V$	2-2-6		74=======
2. FULL NAME Coffine W. 13	su a s	0) W	
(a) Residence: No. (Usual place	e of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
male colored OR DIVORCE	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH  May  (Month)  (Day)	, 193 2 (Yoar)
5a. It married, wildowed, or divorced HUSBAND of (or) WIFE of blusband of Wang	aret Becheto	22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) hov. 29	1857	i last saw h alive on	
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at	
24 5- 10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER.	1 4	Senile Decay	Date of onset
SAWYER, BOOKKEEPER, etc.		Dr N.E. Sartorious	
Work was done, as SILK MILL, Larm SAW MILL, BANK, etc.	er	atte nded this man over a	
O 10 Data deceased last worked at 11. Total	time (yaars)	month past	
	ent in this cupation	Orderio ackrosis; ew&R.	
12. BIRTHPLACE (city or town) Ver Pacame (State or country)	ife, md,	Other Contributory Causes of importance:  no physician in attendence	
12 0 1	2		
13. NAME 9 soac Becket  14. BIRTHPLACE (city or town) have Pacar	ale Ind	Nama of operation. Date of	
(Stata or country)		What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME margaret mil	els	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) new Dird	letree mg	Accidant, suicide, or homicide? Date of injury	, 19
(State or country)		Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Chroham Becker (Address) Pacamore had KF)	5-	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL/	ACE.
18. BURIAL, CREMATION OR REMOVAL		Manner of injury	
Place near facomoration Date mo	7 11 1932	Natura of Injury	
19. UNDERTAKER Chan Affamul (Address)	L	24. Was diseasa or Injury In any way ralated to occupation of deceased?	
	ilea	(Signed) Low / Keley Registral	C M.D.
20. FILEDMAY 9. , 132 / //	Registrar.	(Address) Pocomoke City Maryl:	

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Example I		Example II	
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Chronic interstitial nephritis JUN 1 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULNAU V. S.			
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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VED	TITTO TO A
RESERVED FOR	TATES.
MARGIN F	TIME DIVIGITATION TO THE
MAI	TE TIME
	TATAL

V. S. No. 1

PA.	1. PLACE OF DEATH	CERTIFICATE OF DEATH U5774
OCCU	County Marchter	Registration Dist. No. 354
of OCC	Village or City near Stachtur, md	No. St, Wa feeth occurred in a hospital or institution, give its NAME instead of street and number)
IAN	Length of residence in city or town where deeth occurred 3.7 yrs	Beck 15
YSIC	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE CAROLE S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)  Lingle	21. DATE OF DEATH May 23 1922 (Year)
assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased f  May 23 1932 to May 23. 1932
rly cla	6. DATE OF BIRTH (month, day, end year) Red 15 1903 7. AGE Years Months Days If LESS than	I last saw been alive on May 23 , 1932; death is to heve occurred on the date stated above, at 6 P. m.
properly certificate	29 3 8 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
of of	8. Trade, profession, or particular kind of work done, as SPINNER, School teacher. SAWYER, BOOKKEFER, etc.  J. Industry or business in which	hilmoney Indesculvesis 193,
it may on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
erms, so that instructions	12. BIRTHPLACE (city or town) New Stackson md	Other Contributory Causes of importance:
n terms, ee instru	(State or country)  13. NAME Charles Beefulo	
S S	13. NAME (harles / Seefulo  14. BIRTHPLACE (city or town) Near Pacamole, Ind.  (State or country)	Neme of operation
in p	15. MAIDEN NAME Connie Douglas	23. If death wes due to external causes (VIOLENCE) fill in also the following:
EATH i	16. BIRTHPLACE (city or town) heors Stalten, ma	Accident, suicide, or homicide?
MA	17. INFORMANT annie Beckets (Address) Stacktun ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
GE OF	18. BURIAL, CREMATION, OR SEMOVATOR WILL  Place many St Paul Curr, Date may 25, 1932	Menner of injury
To	19. UNDERTAKER Chas D. Purnell (Address) Snaw Kill ma	24. Wes disease or injury in eny way related to occupation of deceased?
-	20. FILED May 24 34 Harry h Tayler Registrar.	(Signed) July A Archerson M (Address) Stresaling Mad
1		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importanco:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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WRITE FLAINE, WITH UNFADING INN I HIS IS A FEM PINE IN	7	12	statement of OCCUPATION is very important. See instructions on back of
,7	tye	CIT	20
(-	6	)	
-	N. B. Eyery item of information should be carefully supplied ACE should be six		
	Z		

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County County	9 TV
M. A	Registration Dist. No.
Village or City Grange No.	St.: Ward) (if death occurred in
1 1/2 1 PM	a hospital or institu-
2 FULL NAME Marke May	lades tion, give Its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH MARA 3 2 1 3 2
WIDOWED. OR DIVORCED	2 9, 1252
percela (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I seemed the deceased from
Elegest Ind 901	192 10
(Month) (Day) (Year	that I last saw home alive on May 12nd 1932
7 AGE III LESS than	and that death occured on the date stated above, at
1 day hrs.	The LAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	11/2
B OCCUPATION (a) Trade, profession or	Lemonahace tollown
particular kind of work	local offelled
(b) General nature of industry	- Cara -
business, or establishment in which employed or (employer)	(Duration) yre, mos., de,
9 BIRTHPLACE / 1 + P h. I	Contributory
(State or country) presse, Co	Secondary
I 10 NAME OF	(Duration) yrs mos ds.
FATHER Wallis Onles.	(Signed)
O II BIRTHPLACE	3 2 (Address) Commercing
Con Country Workers Con Country	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether
TIZ MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Sola May Why som	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or county) termock of	At place of deathyrsmosds. Stateyrsmosds.
	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Mellin, Culler	usual residence
Del-wals C. Dy MI	19 PLACE 97 BURIAL OR REMOVAL DATE OF BURIAL
(Address) COOV 12 Coy 119	Kensen, May 4 , 1932
15 May 21 Herry 13 Trues	20 UNDERTAKER ON ADDRESS
Filed	( Mhillar Heer hunch
If more hanks are needed, addross State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. I.
II IIIO DI III III III III III III III I	

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATHS guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, Farm laborer, Laborerwithout more precise specifiation as Day many occupations a single word or term on Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation cone. (b) Automobile factory. The material -Coal mine, etc Womnot gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-led fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion, "Debility" causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of "PUERPERAL septicaemia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; approved by Committee on (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY ("Congenital," "Senile," etc.), "Dropsy, or intercurrent) affection need not be " "Heart failure," "Haemorrhage, for malignant neoplasms); Chronic Example: Measles (disease etc. valvular heart discase; Nomenclature The contributory Always qualify all Measles;

If this certificate is looked over thoroughly and all questions a savered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDIN

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05776
	1. PLACE OF DEATH	95%
	County Worcester	Registration Dist. No.
	Village or City heer Pacamake mg.	No. St., Ward
	Length of residence in city or town where deeth occurredmos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
	2. FULL NAME I saar Richard	Bratten
	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	male calored OR DIVORCED (wife the word)	May 2
	5a. If married, widowed, or divorced HUSBAND of	
	(or) WIFE of Glorband of Lucy Bratter	22. I HEREBY CERTIFY, That I attended deceased from
e.	6. DATE OF BIRTH (month, day, and year) Jan 1 1906	, 19. , to , 19. , 19. 32; death is said
icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9- Aem.
6. DATE OF BIR 7. AGE 2. G 8. Trade, p kind	26 gr 3 10 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER,	Unknown.
k of	SAWYER, BOOKKEEPER, etc.	Proberly Heart Failure
back	work was done, as SILK MILL, SAW MILL, BANK, etc.	The hoder was reinval to the
no	U 1D. Dato deceased last worked at 11. Total time (years)	The body was viewed by the States Attorney, Deputy Sheriff and the
	this occupation (month and year) Zelb a / 4-3-2 spant in this occupation 20 year	Other Contributory Causes of Importance:
instructions	12. BIRTHPLACE (city or town) heer 8 new Hilly	Justice of the Peace acting as
tru	(State or country)	Cororner and an Inquest was
	13. NAME Charles Bratter	deemed not nessasary
See	14. BIRTHPLACE (city or town) New Snaw Hill, (State or country)	Name of operation Dete of
	(State of country)	What test confirmed diagnosis?
important.	16. BIRTHPLACE (city or town) New Snaw Hilf	23. If death was due to external causes (VIOLENCE) fill in also the following:
oort	[Stete or country]	Accident, suicide, or homicide?
imi	guard Walt	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	17. INFORMANT AND PORTUGAL MAIN AND INC. (Address)	Specify whether injury occurred in INDUSTRY, in nome, of in Public Place.
y ve	18. BURIAL, CREMATION, DR. REMDYAL CEM.	Manner of Injury
N is	Place New Swall Poll Date Mary 5, 1932	Nature of Injury
Not	19 UNDERTAKER Chas and Purnell	24. Wes disease or injury in any way releted to occupation of deceased?
C	(Address) Symp full, mg,	If so, specify
	20. FILEDMAY 3. , 19 32 JAM T Koley	(Signed) from / Reley Justice of the o.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cau of importance we	ise of death and related causes re as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVEN	1915	Attack of epilepsy	1 week ago
Chronic interstitiat	nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	.UN 1 1992	July 5,1927	Peritonitis	3 days ago
	BULLETATI V 3 4			
Other contributor	y causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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EVery

1 PLACE OF DEATH
County Waresles

### STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Burlin Medro. 7	Registration Dist. No. 355
	a hospital or Institu-
2FULL NAME CYPUS F. B.	illinghou steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White: Single, Married, Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH 2004 - 2 1932 (Mg/th) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
march. 29. , 1861	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
1 day hrs.	The CAUSE OF DEATH * was as follows:
7/ yrsmos ds.   ormin.}	
(a) Trade, profession or	and accident on Style
particular kind of work (b) General nature of industry	Road Hilly car
business, or establishment in	Duragon As mos de
(which employed or (employer) farms	Contributory Skull
9 BIRTHPLACE (State or country)	Secondary
Ind.	(Duration) , mos , mos , ds.
FATHER Leonge Brillinghoun.	(Signed) M.D.
II BIRTHPLACE	5-2-182 (Address) Revel-10-1
OF FATHER Z (State or country)	*State the lisease Causing Peath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Catherine Daves.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, 4 miles russ tof Barlin, Turn-
(Informant) Mia leyens J. Brittingha	Former or caster County, md.
(Address) /3 erlin May	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 5 4 20 111 8 11	2D UNDERTAKER ADDRESS
Filed 5 - 4 192 Nelen I Natural	J.W. Burbage Berlin Md.
If more banks are needed, address tate Registrat	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs. business, that fact may be indicated thus: Farmer or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Servant, Cook Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-(b) Colton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on -Coal mine, etc. Wom-(b) frepp

Statement of Cause of Death—Name, first, the Disease (1951) DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia,");

Carpolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepeis, approved by Committee on Nomenclature (Recommendations on statement of cause of American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentaken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid eg cough; Chronic valvular heart disease; interstitial mephrities, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the class is essential and must be obtained before the certificate is permanently filed.

# MARGIN RESERVED FOR BINDIN

AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DEATH		(F)
	County Worces	P	Registration Dist. No. 357
	Village of City Duro	ell	No. St., War
	_ ′		death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence In city or town whara d	aath occurradyrs,mos	ds. How long in U.S. if of foraign birth?yrsmosd
1	FULL NAME Miston	juguest	
	. (a) Residence: No. Suw	Trill ned	St., Ward.
_		(Usual place of abode)	If nonresident give city or town and State
_	PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
_0	mad negr	Luge	(Month) (May) (Year)
5a.	If marriad, widowed, or divorced HUSBANO of	V	22. I HEREBY CERTIFY, That I attended dacaased fro
	(or) WIFE of	34	Mou 8 1932 to May 8 1932
6	DATE OF BIRTH (month, day, and year)	wh 25 1932	I last saw h List allva on May & 1900 2 : death is sa
-	AGE Yaars Months	Days   If LESS than	to have occurred on the data stated above, at I I I I
	,	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
	8. Trade, profession, or particular	/ O   or min.	ware-as follows: Qate of one
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Oata deceased last worked at this occupation (month and			The state of the s
PAT	9 Industry or husiness in which		(-/
CUI	work was dona, as SILK MILL, SAW MILL, BANK, etc.		
00	10. Oata deceased last worked at this occupation (month and	11, Total tima (years) spent in this	
-	year)	occupation	Othar Contributory Causes of importanca:
12.	BIRTHPLACE (city or town). Pure	1400	
~	(State or country)	4	
FATHER	13. NAME Dovid Co	ugue	
TA-	14. BIRTHPLACE (city or town).	rulie	Nama of operation Oate of
-	(Stata or country) Va		What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIOEN NAME Suyur	is trung	23. If daath was due to external causes (VIOLENCE) fill in also tha following:
101	16. BIRTHPLACE (city or town) Kenn	out	Accident, suicide, or homicide? Oata of injury, 19
2	(Stata or country)	Mis	Whare did Injury occur?
17.	INFORMANT Dovil C	prignist,	(Specify city or town, eounty and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) Suow	Xul ma	
18,	BURIAL, CREMATION, OR REMOVAL	. Minin 32	Manner of injury
	Placa See See See See See See See See See Se	Data 1.7 - D. 92 - 19 - 19	Natura of injury
19.	UNDERTAKER USE WILL	ious!	24. Was disease or injury in any way related to occupation of daceased? 20
	(Addrass) privily	u · M	if so, spacify
20.	FILEO 5/10 132 221	Coy Swilk.	(Signed) M.
		Registrar.	(Address) Dun Vill Md.
	If more b	lanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BUR	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephralis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH plnods County Worcester Village or City Stockton (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. statement 2. FULL NAME Thomas Ballard Cottman RECORD. (a) Residence: No. (Usual piace of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED. OR DIVORCED\_(write the word) Male White Single 5a. If marriad, widowed, or divorced HUSBAND of (or) WiFE of C 6. DATE OF BIRTH (month, day, and year) October 6 certificate. properly 7. AGE to have occurred on the date stated above, at 7 Months Days If LESS than I day ......hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc...-OCCUPATION ınay 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ..... II. Total time (years) 10. Date daceesed last worked at this occupation (month and spent in this that occupation . instructions 12. BIRTHPLACE (city or town) Worcester County (State or country) plain terms. Cottman FATHER 13. NAME 14. BIRTHPLACE (city or town) Jorgester County (Stata or country) carefully What tast confirmed diagnosis? MOTHER mportant. 15. MAIOFN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town). (Stata ar country) Where did injury occur? .... Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL ED SCODE Manner of injury SE mation TION Nature of injury CAU 24. Was disease or injury In any way related to occupation of deceased? If so, spacify (Signed) Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No Ward ds. How long in U.S. if of foreign birth? vrs. mos. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I attended deceesed from Oate of onest (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
lstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAINLY,

1. PLACE OF DEATH	
County Wordsly	Registration Dist. No. 35/
Village or City Near Suno Tell n	Col No. St., War
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. If of foreign birth?yrs,
2. FULL NAME (Boly Doals 1)	
(a) Residence: No. News Survo Hill	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DtyORCED (write the word)	
50 If married widowed or diseased	(Month) (Day) (Yaar)
5a. If married, widowad, or divorcad HUSBAND ol (or) WIFE of	22.   HEREBY CERTIFY, That t attended deceased from
(or) with or	Moy 21 ,1032, 10 May 21 ,1032
6. DATE OF BIRTH (month, day, and year) Noy 2/ 1932	I last saw h. A aliva on ,19 ; death is see
7. AGE Years Months Days If LESS that	
O O O or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	14.,1
SAWYER, BDDKKEEPER, atc. 9. Industry or business in which	- Sulloone
work was dona, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data dacaasad iast worked at this occupation (month and spant in this,	
yaar) occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Mear Quon Tell	Other Country Cause of Importance.
(Stata or country) Marylory	
13. NAME Baling & Sale Roy Shortle	<u> </u>
14. BIRTHPLACE (city or town) Suow Hull	Name of operation
(State of country)	What test confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME (LLL) X all	23. If daath was dua to extarnal causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicida, or homicida?
(State of County)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Family Cumbry Date May 22, 193	Nature of Injury
19 UNDERTAKER Thees. Dalo Sr.	24. Was disaasa or injury in any way related to occupation of dacaasad?
(Address) Suow Still RR * 2 md	If so, specify
20 FILED 5/21 1932 LERoy Swith	(Signed) Logue A. July M.
Registrar.	(Address) Drow Helf Md

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car T	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	CIA	A	1	1	1	١	١	١	1	A	A	k	d	J	J	J					J	J	d	d	J	J	J	J	J	J				Ĺ.	Ł	I	I	I	1	1	1]	1]	1]	1]	J	]]	Ĭ.	).	).	3	3				(	(	1	I	I	5	3	6	ľ	ľ	7	ĺ	1	J	,	)	I			ľ	)	3	3	I		5	6	ľ	,	V	ľ	ì	E		Ŋ	l	9	ľ	1	L'	4	1	[	1	3'	S	7		3	3	I	Ŋ	Ð	ł	1	ij	L		I	[	2	l		J	L	l	l	*	1	į	ŀ				i	ť	K	l	Į	)	)			(	1	7	4	4	ľ	ŀ	]	,
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N. B.—WRITE PLAYDY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEAPH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ns on back of certificate.
N. BWRITE PLANTN, WITH UNFADING	mation should be carefully supplied. AG	CAUSE OF DEAPH in plain terms, so th	TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDIN

V. S. No. 1

1.	PLACE OF	SIAIE (	OF MAR	YLAND-	CERTIFICATE	OF DEA	TH	0000
	County 4	vycisi	Len			Registration	Dist. No.	<u> </u>
	Village or Ci	ity Drown	1 Lill	(1	No.  f death occurred in a hospital or institution of the second of the			d number)
2.	FULL NAT	WE Herry	I Var	ro	sus. How rong in 0.5.11	or tolergn birth?	yrs	mos as
	(a) Resident	ce: No. Syur	(Usual place		St., Ward.	If nonresident	give city or town as	nd State
	PERSON	AL AND STATIST	ICAL PART	CULARS	MEDICAL O	CERTIFICATE	OF PEATH	A VALUE AND
	M	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	May (Month)	19 (Day)	, 193 2. (Year)
5a. tf	married, widowe HUSBAND of (or) WIFE of	ed, or divorced			22. I HEREB	Y CERTIF		
19		month, day, and year) 72	ray 19.	-1932	I last saw h alive on		, 19	
7. AG	E Year	Months	Days	1 day, / 5 hrs.	to have occurred on the date sta The PRINCIPAL CAUSE OF DEA wara as follows:			Qate of onset
OCCUPATION	SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc business in which done, as SILK MILL, J. BANK, etc	non		Prema	live	Pirt	
000	O Date decease	d last worked at eation (month and	11. Total t	ima (years) nt in this upation			<i>D</i>	
12. Bl	IRTHPLACE (city (State or coun		owlie n	ed	Other Contributory Causes of im	portance:		
œ 1	3. NAME	7 Leves	Davi	ฮ				
E   -		(city or town)	orth Car	olina	Name of operation What test confirmad diagnosis?_		Data of	autopsy?
표 1	5. MAIOEN NAM	ne Sallie n	anth	ony	23. If death was dua to external ca			
MOTHER	6. BIRTHPLACE (State or		180	i	Accident, suicide, or homicide?  Where did Injury occur?			, 19
	FORMANT	-	rowthil	e met	Specify whether injury occurred	In INDUSTRY, In HO	ME, or in PUBLIC F	PLACE.
18. 80	Placa B	on, or REMOVAL		20 ,19 32	Manner of injury			
19. UI	NOERTAKER /	fm & Med	hamp,	emid	24. Was diseasa or injury in any	May ralated to occupa	ation of deceased?	PP
20. FI	LEO ST	20,1932 \$	E Coy	Swith Registrar.	(Signad) Second	To Ni	elith	de 1
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, 1	Requesting V. S. No.	1.	

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	Example II	
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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
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80			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF	MARYLAND-CE	RTIFICATE C	F DE	ATH	0580
----------	-------------	-------------	------	-----	------

1. PLACE C	F DEATH			<u> </u>	
County				Registration Dist. No. 353	5
Village or	City Bishop			No. St., death occurred in a horpital or institution, give its NAME instead of street at	Ward
Length of re	sidence in city or town where	death occurred	(If yrsmos	death occurred in a hospital or institution, give its NAME instead of street in death of the death of the death occurred in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its name in the contract of the contract or institution or institution.	mosds.
2. FULL NA	MF Stillb	orn Frum	el		
	ence: No.	(Usual place		St., Ward.  If nonresident give city or town	and State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX M	4. COLOR OR RACE Black		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  May 4,  (Month) (Day)	, 193 2 (Year)
5a. If married, wido HUSBAND of (or) WIFE of	owed, or divorced			22. I HEREBY CERTIFY, That I atten	
6. DATE OF BIRTH	(month, day, and year)	May 4, 1	932		
	ears Months	Days	If LESS than 1 day,hrs.	to have occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, prof	fession, or particular work done, as SPINNER, R, BODKKEEPER, etc		Vices	1010 d3 10110113.	Date of enset
9 Industry or	business In which vas done, as SILK MILL, ILL, BANK, etc			STILLBORN	
- 1 1113 000	ased last worked et cupation (month end	Sp31	ime (years) nt in this upation		
12. BIRTHPLACE ( (State or co				Other Coutributory Causes of importance:	
企 山 13. NAME	Clayton Fr	umel			
	CE (city or town)			Neme of operation	
(State)	or country) Md.			Whet test confirmed diagnosis? Was there	an autopsy?
16. BIRTHPLAC	CE (city or town)			23. If death was due to external ceuses (VIOLENCE) fill in also the follong Accident, suicide, or homicide?	, 19
17. INFORMANT (Address)				(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	State) PLACE
	ATION, OR REMOVAL	Date	, 19	Manner of Injury	
19. UNDERTAKER _ (Addiess)				24. Was disease or Injury In any way related to occupation of deceased If so, specify	
20, FILED	25	3 7/2	Registrar.	(Signed) Subspirelle	my
IN TARY IL	Lulu Inii If more	blanks are needed, a	iddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No.	

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	Example II	
Date of onset	The principal cause of death and related causes of importance retro as follows:	Date of onset
1915	Allun of on cons	1 week ago
1921	Rup der by street car	1 week ago
July 5,1927	Rerdonitis 1	3 days ago
	Other cantibutory causes of importance:	1 year
	1915 1921 July 5 4927	Date of onset  The principal cause of death and related causes of importance represas follows:  1915  Atturn of onsersy  1921  Rup our by street car  July 5-1927  Rectionitis

ds. How long in U.S. if of foreign birth?yrs	mosds.
St. Ward.	
If nonresident give city or town as	nd State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH 5 2 / (Month) (Dey)	, 193 2 (Yeer)
22. I HEREBY CERTIFY, Thet lattende	d deceased from
I last sew h let elive on 193 V, to 5 193 V, to 193 V to have occurred on the date stated above, et 9 V m.	; deeth is seld
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oata of onset
,	Uata or onset
Gruentia Praecay	
Other Contributory Causes of Importance:	
Neme of operation Date of. What test confirmed diagnosis? Jun Sypraphuwas there are	eutopsy? MO
23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following	
Accident, suicide, or homicide?Oate of Injury	
Where did Injury occur? (Specify city or town, county and Signify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	ate) PLACE.
Manner of Injury	
Neture of Injury	
24. Was disease or injury in any way related to occupetion of deceased?	no
If so, specify	

BINDI

FOR

MARGIN RESERVED

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	BECEN	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
Cit.		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

MAR

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

	ST	ATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 05784	
1	. PLACE OF DEAT	н		-		
	County Wo	rcest	u		Registration Dist. No. 357	
	Village or City 1	u ar	h. wd			
				(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
		or town where de	ath occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.	
2	. FULL NAME	oaby	John			П
	(a) Residence: No		(Usual place		St., Ward.	
armon	PERSONAL AND	STATISTIC			If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
3. 3	SEX 4. COLOR			RIED, WIDOWED,	21. DATE OF DEATH	
	remale Col	ored	OR DIVORCE	D (write tha word)	may 25 1932	
-	If marriad, widowed, or divorce HUSBAND of	1			(Mayh) (Day) (Year)	
	(or) WIFE of				22. I HEREBY CERTIFY, That I ettended deceased from	
		\aA	0	h .000	, 19, to, 19, 19	
	DATE OF BIRTH (month, dey,		90	11932	I last saw h alive on	
7. /	AGE Years	Months	■ Days	If LESS than I dey,hrs.	to heve occurred on the date stated above, at	
				or_1_0_min.	were as follows:	1
NO	8. Trede, profession, or part kind of work done, as SAWYER, BOOKKEEPE	SPINNER.			miscarriage	
ATI	9 Industry or business in work wes done, as SIL		• • • • • • • • • • • • • • • • • • • •		Do Days miduel	
OCCUPATION	SAW MILL, BANK, etc				*	
Ö	10 Date deceased last worke	ed at n end	11. Total ti sper	ma (years)		
-	year)		ocen	pation	Othar Contributory Causes of Importanca:	
12.	BIRTHPLACE (city or town)	New	ark. M	nd.		
~	(State or country)	<b>A A A</b>				
FATHER	13. NAME Emis	1 Col	ens	1		
FAT	14. BIRTHPLACE (city or town	1) New	anh,	Md.	Name of operation Data of	
-	(State or country)		Λ		Whet test confirmed diagnosis? Was there an autopsy?	
MOTHER	15. MAIDEN NAME	asmet	a jon	mon	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:	
401	16. BIRTHPLACE (city or town	1) New (	My, m	d'	Accident, suicide, or homicide?	
	(Stata or country)	4-0	D	Pon.	Whera did Injury occur? (Specify city or town, county and State)	
17.	INFORMANT Laure	ela jo	huson	, colles	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	1
18.	(Address) BURIAL, CREMATION, OR REM	AOVAL.				
	Placa News a		Date May	26th 1932	Menner of injury	
-	1 0	77	1 10		Nature of injury.	
19.	(Address)	~ ·	maley	٦.	24. Was diseasa or injury Ip any way related to occupation of daceased?	1
		21 00-	A. M	:+/	(Signed) super Kill, mid M.D.	
20.	FILED 4/26 , 19	32 2 2	og p	Registrar,	(Address)	
		If more bi	lanks are needed, a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related cau of importance were as follows:	1Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			2
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ADDITIONAL	SPACE	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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The PRINCIPAL CAUSE OF OEATH and raisted causes of importance Oate of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?..... Oate of Injury..... (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE (Addrass' If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago
BUILDED V-2	114		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gostroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	TIUNAL SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIAN
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1.	S PLACE OF DEA		OF MAR	YLAND-	CERTIFICATE OF DEATH	5786
	CountyWorces	ter			Registration Dist. No. 30	74
	Village or City St.					Ward
			death occurred 5	(Ji	No. St.,  f death occussed in a hospital or institution, give its NAME instead of street and  ds. How long In U.S. if of foreign birth? yrs. m	number)
2	FULL NAME 1					
2.	(a) Residence: No.		(Usual place		St., Ward.  If nonresident give city or town and	l State
	PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE		r OR RACE	5. SINGLE, MAI	RRED, WIDOWED, ED (write the word)	21. DATE OF DEATH Stockton, Md. May 30th. (Month) (Day)	, 193 2 (Year)
	married, widowed, or divo HUSBAND of (or) WIFE of Geo.	rge Nicl	holson		22. I HEREBY CERTIFY, That I attended May 20. 1932, to May 30,	deceasad from
6. DA	TE OF BIRTH (month, da	v. and veel (a. T)	ch 23d	1860.		_; death Is said
7. AG		Months	Days	If LESS than	to have occurred on the dete stated obove, at 1.40P.m.	
	72	2	7	l day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dats of onset
CUPA	8. Trade, profession, or p kind of work done, SAWYER, BOOKKEI 9. Industry or business in work was done, as: SAW MILL, BANK, 10. Oate deceesed lest wo this occupation (mo	which SILK MILL, etc rked at 1 2 7	11. Totel	tima (yaars)	Cerebral Gemourhag	e IIday
12. B	yaar) IRTHPLACE (city or town) (State or country)	Pogs	omoke C		Other Contributory Causes of Importanca:	
	13. NAME John	n Dickin	nson			
FATH	4. BIRTHPLACE (city or to (State or country)		noke Ci Yarvlan		Name of operation Date of What test confirmed diagnosis? Was there an	
E	5. MAIDEN NAME	eah Pru	itt irdletr	<b>e</b> e	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, sulcida, or homicide?	g:
	11 01(11) 111 1211122	es Nich	Marylan olson Maryla		Where did Injury occur? (Specify city or town, county and Sta Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PL	te) .ACE.
18. B	Place - Stockt	REMOVAL	_	e.l.,,19.32	Manner of injury	
19. U	NDERTAKER CAMPAGE (Address) POCOM	erilloke Oit	Stroy, laryl	and.  Toyla  Registrar.	24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signad)	√м. D.
0		If shore	blanks are needed	oddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

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Ex	ample I		Example II	
The principal cause of dead of importance were as follo	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JUL 5 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	002	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenterilis	1 year

CAUSE OF

should state of OCCUPA-

1	30	p.6.	63	Α.	
Н	5	1	3	1	
7.3	47		1 4		

Village or City / Bullin Ward Length of residence in city or town where death occurred yrs	1. PLACE OF DEATH	95-2)
Length of residence in city or town where death occurred.  2. FULL NAME Statistica Cookensus St. Nove ton 10.5. If of foreign highty.  (a) Residence: No.  (b) Residence: No.  (c) Ward.  (d)	County Workerter	Registration Dist. No. 33-2
2. FULL NAME STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCE, MARKED (Word) WIFE of Country Wife of C		NoSt.,Ward
(a) Residence: No.  (Umal place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWSD, OR WYORCED (cupit to be word)  OR WYORCED (cupit to be word)  F. ACE  Yeers  Months  Deys  II LESS than  1 day,		
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (cyrin the world)  Se. If married, widowed, or divorced (Month)  (Month)  (Day)  193  22.  1 HEREBY CERTIFY, Thet I eltended deceased fro (or) Wife of Wire of Months  Days  1 ILESS than 1 day,	0 +: 1	D. A
Clust place of shode    PERSONAL AND STATISTICAL PARTICULARS   MEDICAL CERTIFICATE OF DEATH     S. SEX	2. FULL NAME A Colleta Correman	voer.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCELE MARRIED, WIDOWED, OR DIVORED Conject by word  6. DATE OF DEATH  22. I HER EBY CERTIFY, Thet I ettended deceased from the date stated above, of the date		
3. SEX		
Se. If meritad, widowed, or divorced (Year)  193 (Year)  193 (Year)  194 (Year)  195 (Year)  195 (Year)  196 (Nomin)  197 (Year)  197 (Year)  198 (Year)  207 If LESS than 198 (In the Stated ebove, etc.)  198 (In the Stated ebove, etc.)  199 (Indextry or business in which were so follows:  199 (Industry or business in which worked et with secception (month and part in this span in		
HUSBAND of Coro Wife of Aurauu God.  6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  Deys  If LESS than 1 dey. hrs. or min.  8. Trade, profession, or particular for work does as SPINNER, SAWYER, BODOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWMEL, BANK, etc.  10. Date decessed lest worked et this occupation.  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Marshall  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Cliphon Continuatu.  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  M. Marshall  M.	OR DIVORCED (write the word)	May 26 - 193 2
6. DATE OF BIRTH (month, day, end yeer)  7. AGE  Yeers  Months  Deys  If LESS than 10 heve occurred on the date stated above, a low 20 months The PRINCIPAL CAUSE OF DEATH and releted ceases of importance were as follows:  Now white, BANK, etc.  10. Date deceased lest worked et this occupetion (month and yeer)  11. Total time (yeers) spent in this occupation  Other Ceatribatery Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  What test confirmed diegeosis?  Was there an europsy?  15. MAIDEN NAME  Light PLACE (city or town) (State or country)  What test confirmed diegeosis?  Was there an europsy?  24. BIRTHPLACE (city or town)  (State or country)  Where did injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  19. UNDERTAKER (Address)  19. 1 lest saw, h. a live on the date stated above, a live on the date	5e. If merried, widowed, or divorced	
6. DATE OF BIRTH (month, day, end yeer)  7. AGE  Yeers  Months  Deyx  If LESS than  1 dey, hrs. or. min.  8. Trede, profession, or particular Rind of work done, as SPINNER, SANVER, BIORKEFER, etc.  9. Industry of business in which SAW MILL, BANK, etc.  10. Data decased lest worked et this occupation (month and yeer)  12. BIRTHPLACE (city or town) (Slate or country)  Wash  (Stete or country)  13. NAME  MADEN NAME  Classes (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  Classes (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  PILED  MALL, CREMATION, OR REMOVAL  Menner of injury  Nature of injury in any way related to occupation of decased?  11. Total times, beat in state es total ca	(Or) WIFE OF Heram Jost.	
T. ACE  Yeers  Months  J. G. If LESS than 1 dey	1. 20 1971	
The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:    Trede, profession, or particular were es follows:		
8. Trede, profession, or particular kind of work done, as SPINNER, SAWER, BONKEFER, etc.  9. Industry or business in which work was done, as SPINNER, SAWER, BONKEFER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation which were of this occupation which and year?  12. BIRTHPLACE (city or town)  (State or country)  13. NAME Marshall Cooleman  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Clipabulk  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURNAL, CREMATION, OR REMOVAL  Piece Cooleman  Date of Marshall Cooleman  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  Nature of injury  Natu		
kind of work done, as SPIANER, SAWER, BONKEEPER, etc.  9. Industry or business in which Work was done, as SPIANER, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and year)  12. BIRTHPLACE (city or town). (State or country)  13. NAME Marshall Cooleman  14. (Stete or country)  15. MAIDEN NAME Clipabulu  16. BIRTHPLACE (city or town). (State or country)  17. INFORMANT  18. BURNAL CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED.  10. Date of country In any way related to occupation of deceased?  11. So, specify (Signed)  21. Signed)  22. Signed)  23. Great or country in any way related to occupation of deceased?  19. UNDERTAKER (Address)  20. FILED.  10. May 19. 32  20. FILED.  11. So, specify (Signed)  21. Signed)  22. Signed)  23. Signed)  24. Was disease or injury in any way related to occupation of deceased?  11. So, specify (Signed)  24. Was disease or injury in any way related to occupation of deceased?  11. So, specify (Signed)		ware as follows:
Other Contributory Causes of Importance:  Other Contributory	kind of work done, es SPINNER,	Carta Nil Talia
Other Contributory Causes of Importance:  Other Contributory  Other	9. Industry or business in which	Clour Business
Other Contributory Causes of Importance:  Other Contributory  Other	work wes done, as SILK MILL, SAW MILL, BANK, etc.	17 18/201
yeer) occupation Other Contributory Causes of Importence:  12. BIRTHPLACE (city or town) (State or country)  13. NAME Marshall Cooleman.  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME Clipabrille  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Mr. Marshall Gost.  18. BURIAL, CREMATION, OR REMOVAL PIECE Evergreeue Dete Mars 29, 19.32  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Marshall Gost.  10. Marshall Gost.  11. Marshall Gost.  12. BIRTHPLACE (city or town) (State or country)  What test confirmed dieguosis?  Was there an eulopsy?  23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Date of injury  Where did Injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  Nature of injury  Nature of injury  Nature of injury  19. UNDERTAKER (Address)  19. Other Contributory Causes of Importence:  Other Contributory  Other Contributory Causes of Importence:  Other Contributory Causes of Importence:  Other Contributory  Neme of operation.  Neme of operation.  Neme of operation.  Neme of operation.  Other Contributory  What test confirmed diegoosis?  Was there an eulopsy?  Other Contributory  Neme of operation.  Other Contributory  What test confirmed diegoosis?  Was there an eulopsy?  Neme of operation.  Other Contributory  What test confirmed diegoosis?  Was there an eulopsy?  Neme of operation.  Other Contributory  What test confirmed diegoosis?  Was there an eulopsy?  Neme of operation.  Other Contributory  Neme of operation.  Other Contributo	10. Dato deceased lest worked et 11. Total time (yeers)	
12. BIRTHPLACE (city or town) (State or country)  13. NAME Marshall Cooleman.  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME Clipabath  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL PIECE Every Level Dete May 29, 19.32  19. UNDERTAKER (Address)  10. MILLED  11. MAIDEN NAME Clipabath  12. BIRTHPLACE (city or town) (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. May 27, 19.32  11. Specify (Signed)  11. Specify (Signed)  12. May 27, 19.32  M. M	year) occupation	Other Cartellaton Course of Importance
13. NAME Marshall Cooleman.  14. BIRTHPLACE (city or town). (Stete or country)  15. MAIDEN NAME Clipabath  16. BIRTHPLACE (city or town). (State or country)  What test confirmed diegnosis? Was there an eutopsy?  23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?  Accident, suicide, or homicide?  Where did Injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  Plece. Evergreev.  Dete. May 29, 19. 32.  We sissesse or Injury In any way related to occupation of deceased?  If so, specify (Signed).  M. I	12. BIRTHPLACE (city of town) Berlin	Other Contributory Causes of Importance.
What test confirmed diegeosis? Was there an eutopsy?  15. MAIDEN NAME Clipabeth  16. BIRTHPLACE (city or town) (State or country)  Where did injury occur?  (Specify city or town, country and State)  17. INFORMANT Mr. Marshall Post. (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece Every Level Dete May 29, 19.32  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED May 27, 19.32  (Signed)  Was there an eutopsy?  23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:  24. Cident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  What test confirmed diegeosis?  What test confirmed diegeosis?  Was there an eutopsy?  24. Was diegeosis?  Was there an eutopsy?  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  M. I	(State or country) West Virginia.	
What test confirmed diegeosis? Was there an eutopsy?  15. MAIDEN NAME Clipabeth  16. BIRTHPLACE (city or town) (State or country)  Where did injury occur?  (Specify city or town, country and State)  17. INFORMANT Mr. Marshall Post. (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece Every Level Dete May 29, 19.32  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED May 27, 19.32  (Signed)  Was there an eutopsy?  23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:  24. Cident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  What test confirmed diegeosis?  What test confirmed diegeosis?  Was there an eutopsy?  24. Was diegeosis?  Was there an eutopsy?  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  M. I	13. NAME Marshall Cooleman.	
What test confirmed diegeosis? Was there an eutopsy?  15. MAIDEN NAME Clipabeth  16. BIRTHPLACE (city or town) (State or country)  Where did injury occur?  (Specify city or town, country and State)  17. INFORMANT Mr. Marshall Post. (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece Every Level Dete May 29, 19.32  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED May 27, 19.32  (Signed)  Was there an eutopsy?  23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:  24. Cident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  What test confirmed diegeosis?  What test confirmed diegeosis?  Was there an eutopsy?  24. Was diegeosis?  Was there an eutopsy?  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  M. I	14. BIRTHPLACE (city or town). W. S.	Neme of operation Date of
15. MAIDEN NAME Clipatric  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece Evergree  Dete May 29, 19-32  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED.  19. May 28, 19-32  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER (Signed)  (Signed)  M. I	(Stete of Country)	What test confirmed diegeosis? Was there an eutopsy?
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Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plece Evergreeve Dete May 29,19.32  Nature of injury  19. UNDERTAKER  (Address)  24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Menner of injury  Nature of injury  19. UNDERTAKER  (Address)  19. Specify  (Signed)  (Signed)  M. I	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT 10V- Marshall 657.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece Every Leve Dete May 29, 19. 32.  19. UNDERTAKER (Address)  20. FILED May 28, 32 DV Mussford  (Signed)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury Nature of injury  19. UNDERTAKER (Address)  16 so, specify (Signed)  (Signed)  Menner of injury In any way related to occupation of deceased?  (Signed)  Menner of injury Nature of injur	(State or country)	Where did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL  Plece Evergreeve Dete May 29,19.32.  19. UNDERTAKER  (Address)  20. FILED May 27,19.32. SU Museful (Signed)  (Signed)  (Signed)  Menner of injury  Nature of injury  19. Was disease or Injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)	17. INFORMANT Mr. Marshall Post.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Plece Evergreen Dete May 29,19.32  Nature of injury  19. UNDERTAKER (Address)  24. Was disease or Injury In any way related to occupation of deceased?  If so, specify (Signed)  (Signed)  (Signed)		•••••••••••••••••••••••••••••••••••••••
19. UNDERTAKER (Address)  24. Was disease or Injury In any way related to occupation of deceased?  If so, specify (Signed)  (Signed)  (Signed)		Menner of injury
(Address)  3 enlish may  16 so, specify  (Signed)  (Signed)  (Signed)  (Signed)	Plece wergette Dete May 27,19.32	Nature of injury.
20. FILED. May 28/19 32 DV Missiful (Signed) Chas P. Jour M.	19. UNDERTAKER J. W. Bushage (Address)	
Defty Registrar. (Address) Berlin Med	20, FILED. May 28, 32 DV Munford	
		(Address) Burkin med

who had no occupation whatever write none, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel etc. Nor a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state;

Example 1

Sanoislini

9.--The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done.

10,—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, methe particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

should be called a salesman and not a clerk, machinist, etc. Distinguish carefully between retail merchants and wholesale nierchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death,—Cause of death means the disease, injury, or complication which causes death, not the

Other contributory causes of importance: Other contributory causes of iniportance: obo shop g LZ6I'gfinf Cerebral hemorrhage Perdondis obv yean I Chronic interstituit nephritis Itun over by street car 1861 obv yaaa I gigi Allack of epilepsy Arterioscierosis of importance were as follows: of importance were as follows: The principal cause of death and related causes bate of onset The principal cause of death and related causes | Date of onset

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN The Marie and the second

(iastroenteritis

Example II

RECEIVEL

JUN 3 1932

SZGI'I ROW

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U	U		()	0	

1. PLACE OF DEATH	(86)
County Worcesur	Registration Dist. No. 35 4
Village or City hear Jacouw Re City	NoSt., Ward
	(If death accurred in a hospital or institution, give its NAME instead of street and number) os.   ds. How long in U.S. if of foreign blith?yrs
13 th Variation	03. 104 long in 0.5, ii of foreign bifth:y13
2. FULL NAME CONTRACTOR DE PORTO	₩ Z St. Ward.
(a) Residence: No. (Usual place of abode)	₩ L St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  J. COLOR OR RACE  J. SINGLE, MARRIED, WIDOWED, OR DIVORCED (runge the word)	21. DATE OF DEATH TO STATE (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of	1 HEREBY CER(TIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end veer) Die 30 1930	last saw h Ha elive on May 4 19 3 2 death is said
6. DATE OF BIRTH (month, day, end yeer) 2 3 17 3 0  7. AGE Years Months Deys I I LESS than	to heve occurred on the dete steted above, at 7 9 m.
1 dey,hr	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
9 Trade profession or particular	were as follows: Cause runknown, Chald Date of onset
SAWYER, BOOKKEEPER, etc.	. was in Convulsions when I
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	Daw his and she died without
SAW MILL, BANK, etc	regaining Consciousness. Tresting
O lo. Oate deceased last worked at this occupetion (month end spent in this occupation o	of Course showed no cause
12. BIRTHPLACE (city or town) Near Cacouske City (State or country)	Other Contributory Causes of Importance:
13. NAME - Nichert Dribit	
14. BIRTHPLACE (city or town) Mar Pacomoke City	Name of operation Date of
(State or country) May and.	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mildred Duggel.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Survey Sul	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ind' rull (Address) Suow Hell RR	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Suth Janu Date May 6, 193:	Nature of injury
19. UNOERTAKER Various Delvustine (Address) Poesuro Re City	24. Wes disease or injury in any way related to occupation of deceased? 20
20. FILEMays 3 Harry Boyler Registrar.	(Signed) M. (Address) Durw Hull M. (
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

5	1 of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		
	ery item	NS she	of of		
	RD. Eve	YSICIA	stateme		
	r RECO	Y. PH	Exact		
MARGIN RESERVED FOR BINDIN	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	XACTL	classified.		
FOR B	IS A PE	stated E	properly	certificate	
CAY.	-THIS	ald blu	lay he	ack of	
KENER	G INK-	GE sho	hat it n	ns on b	
AKGIN	UNFADIN	pplied. A	terms, se t	TION It very important. See instructions on back of certificate.	
	WITH	efully su	n plain	nt. See	
	INLY,	be care	EATH	importa	
	TE PLA	pluods 1	EOFD	It very	
	3WRI	mation	CAUS	SIL.	
	Z.				

O CONTRACTOR OF THE CONTRACTOR	OF MARYLAND-	CERTIFICATE OF DEATH 05789
1. PLACE OF DEATH	A-	
County Grange	A. A.	Registration Dist. No.
Village or City	ata trel.	No
Length of residence in city or town where	(III) death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long In U.S. If of foreign birth?mosds.
2. FULL NAME	(Ti	vinell
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		(Month) (Day) (Year)  22. HEREBY CERTIFY, That I attended deceased from
		of gress, 19 , 10 , 5 - 2/ 32
6. DATE OF BIRTH (month, day, and year)	5-21-22	1 fast saw h; death is said
7. AGE Years Months	Days ITESS than I day,hrs, ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	TVIIIIII	were as follows:  Date of onset
9. Industry or business In which		4 Tues for some
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Dato deceased last worked at this occupation (month and year)	II. Total time (years) spant in this occupation	
36	12 Prol	Other Contributory Causes of importance:
I2. BIRTHPLACE (city or town) (State or country)		
13. NAME  14. BIRTHPLACE (city or town)	- Promed	
I 4. BIRTHPLACE (city or town)		Name of operation Date of
(State of country)	ech	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Beech	- Walces	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Beech	0	Accident, suicide, or homicide? Date of Injury, [9
∑ (State or country)	0.	Where did injury occur?
I7. INFORMANT CARRY (Address)	I Tale	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL GREMATION, OR REMOVAL	1010 78 2	Manner of injury
· Maenas Cen	Date 11/4/1932	Nature of injury.
19. UNDERTAKEN STREET	Behnet	24. Was disease or Injury in any way related to occupation of deceased?
20. FILELY ayelfle	my 12 Tayely	(Signed)
	Registrar.	(Address) Let L Vol
If more &	lanks are needed, address State Registrar, 2	411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ļ.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilcpsy	1 week ago
Chronic interstitial nephritis 111 9 1022	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# 65 2011

		TATE C	OF MAR	YLAND—	CERTIFICATE OF DEATH	U
1	I. PLACE OF DEA				92-00	
	County Wordes				Registration Dist. No.	
	Village or City P.C	comoke	City	Of	No. 708 Second St., W. death occurred in a horpital or institution, give its NAME instead of street and number)	/ard
	Length of residence in ci	ity or town where	daath occurred	7 Lyrs. 7 mos	10 ds. How long In U.S. if of foralgn birth?	_ds.
2	. FULL NAME Ed	ward II.	Ross			
	(a) Residence: No		08 Seco	nd	St., Ward.	
_	BERCONAL AND		(Usual place	of abode)	If nonresident give city or town and State	-
3.	PERSONAL AN	OR OR RACE		RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
h	ale Whi	.te	or Divorce	D (write the word)	May 19th., 193 2 (Month) (Day) (Year	,
5a.	If married, widowad, or diversity of HUSBAND of (or) WIFE of Net	tie Ros	S	1000	22. I HEREBY CERTIFY, That I attended daceasad	from
	DATE OF BIRTH (month, de			1860 h.1960	last saw h and aliva on May 192 1933; death is	14
	AGE Yeers	Months	Deys	If LESS then	to have occurred on the date stated above, at 40 . 00 m . M .	2910
	77	7	10	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
z	8. Trede, profession, or pa	articular			Date of o	nset
OCCUPATION	kind of work done, SAWYER, BDOKKEE		rpenter		Mileal requipilation ?	
UPA	9. Industry or business in work was dona, as SAW MILL BANK	SILK MILL	ding Co	ontractor		
CC	10. Date deceased last wor this occupation (mo	rkad ati mmi 7	11. Total i	tima (vears)		
	yeer)	1930	oc:	ntin this OYrs	Other Contributory Causes of Importance;	
12.	BIRTHPLACE (city or town)	-	ke City		Surgi Courted by Causes of Importance.	
~	(State or country)		aryland		Budden Lallapen:	
FATHER	13. NAME Ralp					
FAT	14. BIRTHPLACE (city or to (State or country)		ster Cor	inty	Name of operation	5
8			tchell		What test confirmed diagnosis? Was there an autopsy?	20
MOTHER	16. BIRTHPLACE (city or to	-		tar	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?	
M	(Steta ar country)	V:	irginia	<i>y</i> -y	Where did Injury occur?	
17.	INFORMANT Ralph (Addrass) POCOM	A.Ross		ond	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL CREMATION, OR F		<del>()                                    </del>		Manner of injury	
P	occine ke Git	y Fet	-, Date ay	22nd ., 1932 .	Nature of injury	
19.	UNDERTAKER VEMUS	Del XI	eneu	son	24. Was disease or Injury in any wey related to occupation of deceased? The	
	(Addrass) Tocom	oke Cit	y laryl	and.	If so, specify	
20.	FILED May 21	1902	John 7	Paley	(Signad)	M. D.
METAS		- /		Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person no had no occupation whatever write none. BULLING V. S.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
'Istones	May 1,1923	Gostroenteritis	1 year

V. S. No. 1

STATE	OF	MARYL	AND-	CERTIF	FICATE	OF	DEATH
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-	pi .		13	1	
U	C	6	9	L	

1. PLACE OF	DEATH			(82°a)	
County	jorcester		AG	Registration Dist. No. 3	50
Village or City_	Pocomoke	City, 1	id. K +7	No. ————————————————————————————————————	Ward
Langth of residence	e in city or town where	death occurred		ds. How long in U. S. if of foreign birth?yrs	
2. FULL NAME	Xade	0000	Land	Leel &	
(a) Residence:	No. Pacar	wolso.	Pit	R St. H M Wald. 2	
		(Usual place		If nonresident give city or town a	
0	AND STATIST			MEDICAL CERTIFICATE OF DEATH	
Thurse !	color or RACE	5. SINGLE, MARI OR DIVORCEI	(write tha word)	21. DATE OF DEATH Hay (Month) (Day)	193.2
5a. If married, widowed, of HUSBANO of	or divigread	0	10:		(Year)
(or) WIFE of	lus c	Lools	held	22.   HEREBY CERTIFY, That I attend	
6. DATE OF BIRTH (mon	th, day, and year)	Talena	(1)	Hast saw h er alive on May 28th 132	death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at 5 15 mp.	
25	7   -		l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I Date to the same
8. Trade, profession	or particular dona, as SPINNER.	7/	. 0		Date of onset
SAWYER, BO	OKKEEPER, etc.	rouse	wife	Cerebral henorrhage	5/28/3
kind of work SAWYER, Bol O. 9. Industry or busin work was dor SAW MILL, B. U. To. Date decased is this occupation.	a, as SILK MILL, ANK, etc				
O 10. Date decaased la		11. Total ti spen	me (years)		
year)			pation	Other Cantributary Causes of importance:	
12. BIRTHPLACE (city or		rauce	velle		
(State or country)	1 the	give	2	Arteriosclerosis.	
13. NAME CL	Rota	199 ()		b.7 /	
14. BIRTHPLACE (cit		700	A CERTICAL	Nama of operationNo.t. anyDate of	
	Botto		154	What test confirmed diagnosis? Was there a	
15. MAIDEN NAME	Josef	lesau	000°	23. If death was dua to extarnal causes (VIOL ENCE) fill In also the follow Accident, suicida, or homicide?	
Stale or cou	" "	lesse	ua	Where did injury occur?	
17. INFORMANT	hu & c	bol	heald .	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	itate) PLACE.
(Address)	score	Ise lel	tog Tul		
18. BURIAL, CREMATION	OR REMOVAL	· Mure	134.33	Manner of injury	
1 / Whate	01	Date	7. 30., 19.24	Nature of injury.	22
19. UNDERTAKER	nont s	genere	45 M	24. Was disaase or injury in any way related to occupation of deceased?	none
(Address)	comp	7 /2	ty used	If so, specify	
20. FILED	19-3 - 17/1	a / //	Registrar.	(Signed) POCOMOKO City Md.	M. D,
*			Acgmar.	- (wages)	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	7.2		

	ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF

County\_/ Village or City

Length of reside

PERSONA

2. FULL NAM (a) Residence

5e. If married, widowed HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (me

Years

8. Trede, profession, or particular

9. Industry or business in which

10. Date deceased last worked et

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

13, NAME

17. INFORMANT (Address)

19. UNDERTAKER

20. FILED \_\_ 5

(Address)

(State or country

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town (State er country)

13. BURIAL, CREMATION, OR REMOVAL

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

work wes done, es SILK MILL, SAW MILL, BANK, etc......

this occupation (month end

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

	CERTIFICATE OF DEATH 05792
DEATH	956
vicesce	Registration Dist. No. 355
Berlin md. A.D.	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
nce in city or town where deeth occurredyrsmos	ds. How long to U.S. if of foreign birth? yrs. mos. ds.
Esarah. O. Sic	vuu
: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Proy 2 - 193 (Year)
onth, day, and year) June 7 1875	22. I HEREBY CERTIFY. That I attended deceased from , 19, to , 19  I last saw here alive on May 2, 19, 19, 19, 19, 19
Month's Days If LESS than	to have occurred on the date stated eboy, n

or\_\_\_\_min.

11. Total time (years)

spent in this

occupation ...

ľ	to have occurred on the date stated eboy, tm.
-	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
-	Date of one
	conte dilabolion
	of heart
	Other Contributory Causes of Importance:
-	

23. If death was due to external causes (VIOLENCE) fill In also the following:

Accident, suicide, or homicide? Date of Injury Where did injury occur?\_\_\_

What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury 24. Was disease or injury in eny way related to occupation of deceased?

If, so, specify (Signed)

If more blanks are needed, address/State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) ....

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	l l	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of of importance were as follows:		
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Constant to the second of the	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
•				
Other contributory causes of importance:		Other contributory causes of importance:	LIDE I	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

pe

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

of OCCUPA-

Exact statement

ż

	STATE OF	MARYL	AND-	-CERTIFICATE	OF	DEATH	05794
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1. PLACE OF DEATH	(51)
County Warrester	Registration Dist. No. 3 5 5
Village or City. / Bushin	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
1.0. 12 4	
2. FULL NAME Oalvin 13.	ayeu
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 3/st 102 2
Male 20 married	(Monoh) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of M. ##	22. I HEREBY CERTIFY, That I attended deceased from
Mattie G. Jaylar	February 1932 10 may 3/ 1932
6. DATE OF BIRTH (month, day, end yeer) 1) LC, 27 1974	I lest sew har alive on may 31, 1932; deeth is said
7. AGE Yeers Months Days If LESS then	to have occurred on the date stated elseve, at 11/2012m.
74 5 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Carcinama of spine (statistical estima)
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	secondary Hedreinsma
work was done, es SILK MILL, Banket	of Pristate gland which
O 10. Date deceased last worked et   11. Total time (veers)	gras geraga 3 years ago
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) — And	Dther Coutributory Causes of Importance:
(State or country)	
13. NAME arthur W. Jaylor	
13. NAME CITCHER W. Jaylor  14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country)	What test confirmed diagnosis? Chuical & ray. Wes there en eutopsy? No
15. MAIDEN NAME Ellen Bawen  16. BIRTHPLACE (city or town) And	23. If death wes due to external causes (VIOLENCE) fift in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mis. Mallie lo Jaylar (Address) Bullin mid	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Bucking have Dete Line Q, 1932	Nature of Injury
19. UNDERTAKER J. W. 13urbaye (Address) / Burlin mid	24. Was disease or Injury in any wey releted to occupation of deceased? This if so, specify
20. FILED 6-9- , 1992 Helen J. Fayward	(Signed) Frank Lewis Ind. M.D. (Address) Willards Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis 111 2 113	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY,

V. S. No. 1

CTATE		MADVI	ANDCEDTIE	CATE	OF	DEATI
SIAIL	UL	MARIL	AND-CERTIFI	CAIL	OF	DEAII

05793

STATE OF MARTEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(8)
county worcester 11.	Registration Dist. No. 3 57
Village or City hear Snow Hill	
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME / Foly Loylor,	
(a) Residence: No. Nearl Sun Syil	St Ward.
(Usual place of abode)	If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX "Nat 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
determines ( OR DIVORCED (write the word)	Mey 23, 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, Thet I attended daceased from
7 7 7 7	May 25 ,1932, to May 25 ,1932
6. DATE OF BIRTH (month, day, and year) May 25 3 2	I last saw h, 19, daath is seid
7. AGE Years Months Deys If LESS then 1 day, hrs.	to have occurred on the date stated above, at=m.
O O I day hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  Date of onset
6. Trade, profession, or particular kind of work done, as SPINNER,	7 +1 A 4
SAWYER, BDDKKEEPER, etc.	Dulloom.
9. Industry or business In which work was done, as SILK MILL,	(Premature
SAW MILL, BANK, etc	
this occupation (month and spent in this	
year) occupation	Dther Contributary Causes of importence:
12. BIRTHPLACE (city or town) Mear Duow July	
(State or country)	
13. NAME YOUR Dradley	
14. BIRTHPLACE (city or town) Museurote	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Daisy Drodford	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Whoark	Accident, suicide, or homicide? Date of injury, 19
(State or country) A Bulla	Where did injury occur?
17. INFORMANT TIPS The Loylor	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Survey July mid	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Piece Land Dete May 20, 1932	Nature of injury
Miss John Broklord	24. Was disease or injury in any way related to occupation of deceesed?
19. UNDERTAKER (Address) Wilwark and	If so, specify
425 32 PER South.	(Signed) Attu X. Istuly M. D.
20. FILED 1932 X You gettier.	(Address) Surver Fill Ma
Aegistar.	1,1001403

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Tayam bio 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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sot -	PLACE OF DEATH
T T T	County Worces



# STATE OF MARYLAND CEDTICICATE OF DEATH

County	CERTIFICATE OF DEATH
00	Registration Dist. No. 355
Village or City New ark. (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Medred, Ely	with Is it steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7107   -, 1923 - (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
Month) (Day) (Year)	, 192, 192,
	that I last saw halive on, 192,
7 AGE [If LESS than	
17 yrs. 8 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	haute delation of
particular kind of work	1 +
(b) General nature of industry business, or establishment in	near
which employed or (employer) House were.	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Durstion) yto 1) mos de
FATHER Except W. Smuth.	(Signed) M, D.
11 BIRTHPLACE	5-2-1932(Address) Svilin nef
OF FATHER (State or country)	*State the I is aso Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rosee movis.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
(State or country)	of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Holdsboro Trutt.	Former or usual residence
(Address) newash nd	New Hope Censery May 3, 1932
15 Filed 5 - 3 - 1982 Helen & Haywar	20 UNDERTAKER ADDRESS
Registra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.
if those planks are needed, address tidle hegistra	at an and managed many managed and managed to the contract of

WRITE

20 ż

(Approved by U. S. Census and American Public Health Association.)

Spinner. fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer frestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed us At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemoid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foremon, For many occupations a especially in industrial employments, it is neces-Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer For persons who have no occupation (b) Automobile factory. The material Luborer-Coal minc, etc. Womsingle word or term on 6) Grocery;

Statement of Cause of Death—Name, first, the pisses at a second death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebross inal meaningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia. ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stited unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be (secondary or intercurrent) affection need not be secondary or intercurrent. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menplanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Whooping cough; Chronic Chronic interstitial nephritis, approved by Committee on Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, ... (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., o valvular heart disease; etc. The contributory Nomenclature Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDIN

S. No. 1

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	CERTIFICATE OF DEATH
	No. St., Ward  (If death occurred in a horpital or inelitation, give its NAME instead of street and number)  os. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Beatris Ward  (a) Residence: No.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Color Of RACE  OR DIVORCED (vertice the word)	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  May  (Month)  (Month)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY. That I attended deceased from  ,19 , to ,19  I last saw h alive on ,19; death is seid to have occurred on the date stated abovo, at 3-15 P m.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Were as follows:  No phy sician in attendance  r N.E.Sartorious had been in attendance.  Death was proberly from  Tuberculosis of Lungs
12. BIRTHPLACE (city or town) Neoz Slaudten med, (State or country)  13. NAME Samuel word  14. BIRTHPLACE (city or town) Slaudten ma.	Other Contributory Causes of Importance:  Neme of operation

Registrar.

(State or country)

MOTHER 15. MAIOEN NAME 16. BIRTHPLACE (city or tow (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION,

19. UNDERTAKER (Address) 20. FILEO May 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide? ..... Date of injury.

Where did injury occur? ....

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injur Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUN 1 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

Exact statement of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Wolfoll	Registration Dist. No. 35/
Village of the Newart Ma	ND. St., Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
Ch. L. OTN	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME COUNTIES (4)	well and the second
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OK DIVORCED (wrige the word)	21. DATE OF DEATH
1012 Early 1 Hannel,	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	M. LIEBERY CERTIFY THE
(or) WIFE of Susband of Sallie Whalere	22. I HEREBY CERTIFY, That I attended decassed from
6. DATE OF BIRTH (month, day, and year) Change 20 185-3	5/19 32
6. DATE OF BIRTH (month, day, and year) June 20 1853  7. AGE Years Months Days II LESS than	to have occurred on the data stated above, at JOP-m.
69 1/ 4 I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
101	wara as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	Struks / Amely In P
Kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc.  SAMYER, BDDKKEEPER, atc.  SAW MILL, BANK, atc.  10. Data decaased last worked at this occupation (month and the second last worked)  11. Total time (yaars)	- footing in a case
9 Aindustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
10. Data decaased last worked at 11. Total time (years)	
this occupation (month and year) 1952 occupation 69 year	
12. BIRTHPLACE (city or town). Newarla md	Dihar Contributary Causes of importance:
(State or country)	findin Vascular Coal
II 13, NAME hat Jarman.	Distase
74/1 0 000	
14. BIRTHPLACE (city or town) // Tracking value 'Vig	Name of operation Data of Data of
	What test confirmed diagnosis? Was there an aulopsy?
I IS. MAIDEN NAME assisted that man	23. If daath was dua to external causas (VIOL ENCE) filt in also tha following:
15. MAIDEN NAME Lizze Narman.  16. BIRTHPLACE (city or town). Near neward, md.  (State or country)	Accident, suicide, or homicide?
O DRI DAID D	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Sallie Whaley	Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) newark, nd, newark and	
	Mannar of Injury
Place (saar hafil Date Mary 24, 1932	Natura of Injury
19. UNDERTAKER Chao CL I wriell	24. Was disease or Injury in any way related to occupation of decaesed?
(Address) Snow fill may	If so, specify
20 FILED 5/23 1932 LECON Swith	(Signad) M. D.
Registrar.	(Address) thousand the
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURNAU V.S.			A*	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	